

Clinics evaluations. Please take 2 minutes to evaluate the resident you just worked with. It would be wonderful if you could provide the resident with some verbal feedback as well. **Transmittal** to Joe Chavez Carey, MD; Brentwood Health Center, 171 Sandcreek Rd, Suite A; Brentwood, CA 94513. Fax 513-6874 - **OR- For an electronic copy** that you can fill out and email (jcarey@ccfamilymed.com): <http://ccrmc.wikispaces.com/Outpatient+Rotations>.

Resident: _____ **PG-Y:** _____

Attending: _____ **Clinic:** _____

1. Resident was professional, punctual and interacted with staff appropriately
(please mark with an X)
below expectations meets expectations above expectations

Comments: _____

2. Interested in learning (please mark with an X)
below expectations meets expectations above expectations

Comments: : _____

3. Fund of knowledge (please mark with an X)
below expectations meets expectations above expectations

Comments: _____

4. Procedural skills if applicable (please mark with an X)
below expectations meets expectations above expectations

Comments: _____

5. Please suggest topics for future reading or areas of improvement:

Signature or Name: _____